

09/889659

## ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE   |
|---------------------------|----------|--------|--------|
| FEE DETERMINATION         |          |        |        |
| O.I.P.E. CLASSIFIER       |          | 6      | 8-8-01 |
| FORMALITY REVIEW          |          |        |        |
| RESPONSE FORMALITY REVIEW |          |        |        |

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

BEST AVAILABLE COPY

| Claim    | Date   |
|----------|--------|
| Final    |        |
| Original |        |
| 1        | 8-4-01 |
| 2        | ✓      |
| 3        | ✓      |
| 4        | ✓      |
| 5        | ✓      |
| 6        | ✓      |
| 7        | ✓      |
| 8        | ✓      |
| 9        | ✓      |
| 10       | ✓      |
| 11       | ✓      |
| 12       | ✓      |
| 13       | ✓      |
| 14       | ✓      |
| 15       | ✓      |
| 16       | ✓      |
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| Claim    | Date |
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| Claim    | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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